



Central Violations Bureau (CVB)
P.O. Box 780549
San Antonio, TX 78229

REFUND FORM

Phone Number: (800) 827-2982, Fax Number (210) 301-6401, Email info@cvb.uscourts.gov

Defendants must complete this form and submit it along with a letter of request to receive a refund for payments made to the Central Violations Bureau. You may forward your documentation by fax or mail to the address listed above. Please allow 4-6 weeks for payment processing. In most cases refunds will be issued via electronic funds transfer or back to the credit card used originally. The refund will appear as a credit to your checking or savings account or your credit card statement. If you do not have a bank account, a check will be mailed to the address below. Complete Section I and IV for refund by credit card. Complete Section II and IV for refund by electronic check. Complete Section III and IV for refund by check. **Please type or print clearly.**

Location Code: _____ Violation Number: _____

Section I Refund **credit card** previously used (check box and proceed to Section IV)

Section II **Payment Information** (Payment will be made by **Electronic Funds Transfer**)

Payee:	Financial Institution:
Name: _____	Name of bank: _____
Address: _____	City of bank: _____ State of bank: _____
	Zip of bank: _____
City: _____ State: _____	Routing Number: _____
Zip: _____	Account Number: _____
Social Security Number: _____	Type of Acct: Checking: _____ Savings: _____

Section III If defendant/payee does not have a checking or savings account please check the box below.

I certify that I do not have a checking or savings account. I am requesting a **check payment**.

Section IV

Telephone number

Printed name of defendant/payee

Date

Signature of defendant/payee

For Court or Agency Use Only

Have the defendant complete the top portion of this form, add your contact information below and send it with the docket or order requesting a refund to the CVB. If a refund is requested by the court or agency a letter from the defendant is not required.

Identification of person making this request:

Name: _____ Phone #: _____

Originating Office: _____